

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000061683

Entity Name: CEDERQUIST MEDICAL WELLNESS CENTER, INC.

Current Principal Place of Business:

1575 PINE RIDGE ROAD
SUITE 19
NAPLES, FL 34109

Current Mailing Address:

1575 PINE RIDGE ROAD
SUITE 19
NAPLES, FL 34109

FEI Number: 59-3529688

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WADMAN, SCOTT W
1575 PINE RIDGE ROAD
SUITE 19
NAPLES, FL 34109 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PVTS	Title	D
Name	WADMAN, SCOTT W	Name	WADMAN, SCOTT W
Address	1575 PINE RIDGE ROAD	Address	1575 PINE RIDGE ROAD
City-State-Zip:	NAPLES FL 34109	City-State-Zip:	NAPLES FL 34109

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SCOTT WADMAN

PRESIDENT

01/16/2020

Electronic Signature of Signing Officer/Director Detail

Date